Georgia Medicaid

Third Party Liability (TPL) Presentation

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Agenda

- Objectives
- Coordination of Benefits (COB)
- Overview of TPL
- TPL Billing Information/Billing Tips
- Reimbursement
- TPL Forms
- Common TPL Denials
- Policy Information
- Interactive Voice Response System (IVRS) Overview
- Session Review
- Closing, Questions and Answers

Objectives

- Describe Third Party Liability (TPL) functions and understand Coordination of Benefits (COB)
- Identify general billing information for TPL
- Determine appropriate forms to submit with claims
- Understand TPL Reimbursement
- Review and resolve common problems related to TPL claim denials
- Locate Policy Information

Coordination Of Benefits (COB)

- By federal law, Medicaid is the “payer of last resort” in most circumstances. Medicaid considers payment on a claim after a third party resource is billed. A third party resource is any individual, entity or program that is or may be liable for payment of part or all of the expenses for medical care furnished to a Medicaid member. It is the obligation of any legally liable third party other than Medicaid or the member to pay the primary cost of the member's medical care. COB is the process of determining the primary payer.

Coordination Of Benefits (COB) (Continued)

- Third party resources for members generally come from two sources:
  - COB (commercial, individual and group health plans; government sponsored plans such as Tricare; supplemental policies; casualty related coverage's; Federal Employees Health Benefit Plan (FEHBP); and Workmen's Compensation; to name a few); and
  - Medicare Part A, B and/or C.

Overview of TPL

- **Third Party Liability (TPL)**: This function provides the capability to manage the private health and other third party resources of Medicaid members and ensures that Medicaid is the payer of last resort.
- **TPL DOES NOT update Medicare information.**
- **Primary Functions**:
  - Identify and maintain third party resources available to Medicaid members
  - Avoid paying for claims with potential third party coverage
  - Assist the TPL Vendor to recover funds from third parties when TPL resources are identified retroactively or for mandated "pay-and-chase" payments
  - Meet federal and state TPL reporting requirements

Overview of TPL
(Continued)

- **Identification of Other Insurance**:

  Providers must make reasonable efforts to collect funds from any insurance/benefit plan that is the primary payer to Medicaid. Reasonable efforts include, but are not limited to:

  - Questioning the member to identify any other insurance so that a claim to the primary payer can be filed.
  - Checking www.mmis.georgia.gov (GHP) Web site for insurance coverage on the member so that a claim to the primary payer can be filed.
  - Questioning the member regarding any updates to the coverage(s) shown on www.mmis.georgia.gov Web site.
  - Filing a claim with the known primary insurance(s) prior to filing with Medicaid.

TPL Billing Information

- Providers must file the initial claim for reimbursement to the member's primary plan. Once the primary plan processes the claim, providers can submit a claim to Medicaid with information showing how the primary plan processed the claim.
- Providers should submit claims as soon as an EOB is received from the primary carrier to meet the filing deadline.

TPL Billing Information
(continued)

- If you receive a payment from the primary payer, there is no need to attach the EOB when submitting the TPL claim. You can enter the TPL paid amount on the claim and file the EOB from the primary payer for your records.

TPL Billing Information
(continued)

- If the primary payer denies the claim, you may submit the claim via EDI or Web Portal without the attachment and enter the HIPAA adjustment reason codes located on the primary payer's EOB. If the primary payer uses adjustment reason code that are not HIPAA standard, you may access the HIPAA standard adjustment reason codes at http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/

TPL Billing Information
(continued)

- Medicaid providers must submit claims within 12 months from the month of service (TPL claims only).
- See the Medicaid Policy and Procedures Manual, Part I, Chapter 200 for detailed information on timely submissions.

TPL Billing Tips-Paper Claims

- When submitting attachments for paper claims:
  - *Do not* highlight any areas on a COB
  - Submit all attachments with the claim. Paper claims will not suspend to allow time for attachments to be sent.
  - Always put the claim form *on top* and all attachments behind it. Each claim must have its own COB or Crossover attachment(s). The attachment may be exactly the same for every claim, but a separate copy must accompany each claim.

TPL Billing Tips (continued)

CMS 1500 Paper Claims	UB04 Paper Claims
HPES P.O Box 105202 Tucker, GA. 30085-5202	HPES P.O Box 105204 Tucker, GA. 30085-5204

TPL Billing Tips (continued)

ADA Dental Claims

HPES

P.O Box 105205

Tucker, GA. 30085-5205

Adjustments and Voids

HPES

P.O Box 105206

Tucker, GA. 30085-5206

Reimbursement for COB

- DCH takes into account many factors when determining the amount of payment on a Medicaid COB claim. Factors include, but are not limited to:
  - The payment amount from a primary payer
  - The Medicaid maximum allowable amount for a specific covered service
  - The discount amount reported on the EOB from the primary payer

Reimbursement for COB (Continued)

- When a primary insurance reimbursement amount on a service is equal to or greater than the Medicaid Maximum allowable amount, the Medicaid paid amount will be zero.
  - Claims that “pay” at zero are considered to be paid claims, not denied claims (Member cannot be billed).

Reimbursement for COB (Continued)

- When the payment from another insurance carrier is less than the Medicaid maximum allowable amount, Medicaid can pay up to the Medicaid maximum allowable amount.
  - The sum of the Medicaid payment and the other insurance payment(s) will not exceed the Medicaid maximum allowable amount.
- Medicaid will *consider* making payment *(*up to Medicaid's maximum allowable amount) for a covered service(s) when:
  - the primary insurance carrier denies payment
  - when there is no payment by the primary carrier because of the member's coinsurance and/or deductible.

TPL Forms

- DMA-312 (COB/TPL Accident Information Report)
- DMA-501 (Adjustment Request Form)
- DMA-410 (COB Notification Form)

DMA-312 COB/TPL Accident Form

- In the event that a provider is aware that a member's condition was the result of an accident at the time of submission of the associated claims, a Coordination of Benefits/Third Party Liability Accident Information Form (DMA-312) should be submitted with the claim
- If a provider chooses not to initially bill Medicaid, the provider may submit a DMA-312 within six (6) months of the date of service, with a copy of the claim to request an extension to the timely filing limits, if necessary in order to pursue the liable third party (By completing and submitting the DMA-312 form, an extension of 12 months may be granted if the submitted form is approved).
- The provider may also use the DMA-312 form to inform the Department of Community Health of the potential tort related claim. (On the DMA-312 form – check the box "For information only")

DMA-501 Claims Adjustment Request

- If Medicaid *has already paid* on a claim that the primary insurance adjusted, providers should submit a DMA-501 to Medicaid using the new primary payment information

Note: See Part I of the Policies and Procedures Manual for additional information on adjustments.

DMA-410 COB Notification Form

- Timely claims filed with a third-party carrier, but that do not generate a response from the carrier despite all reasonable actions, may be filed with Medicaid using the COB Notification Form attachment, DMA-410, indicating that no response was received.
- The form must be signed and dated.
- The signature date must be within 12 months of the date of service.
- *Do not* attach the COB Notification Form *and* the EOB to the claim – attach only one.
- List the member's Medicaid ID number
- Make sure to list the correct ICN

Common TPL Denials (continued)

- **Edit 2505 -** Member covered by private insurance with attachment

  Criteria:

  All paper claims and web portal claims with an attachment suspend. The TPL staff must review the claim and the claim attachment. If the attachment is an EOB, TPL amounts are reviewed. Additionally, discount, coinsurance, and deductible amounts are input. If the attachment is a DMA-410, the TPL policy information is reviewed, verified, and updated if required. If the service is covered and if the member on the claim has private coverage without an attachment, claim will deny.

Common TPL Denials (continued)

- **Edit 2504 -** Member covered by Private Insurance - No attachment

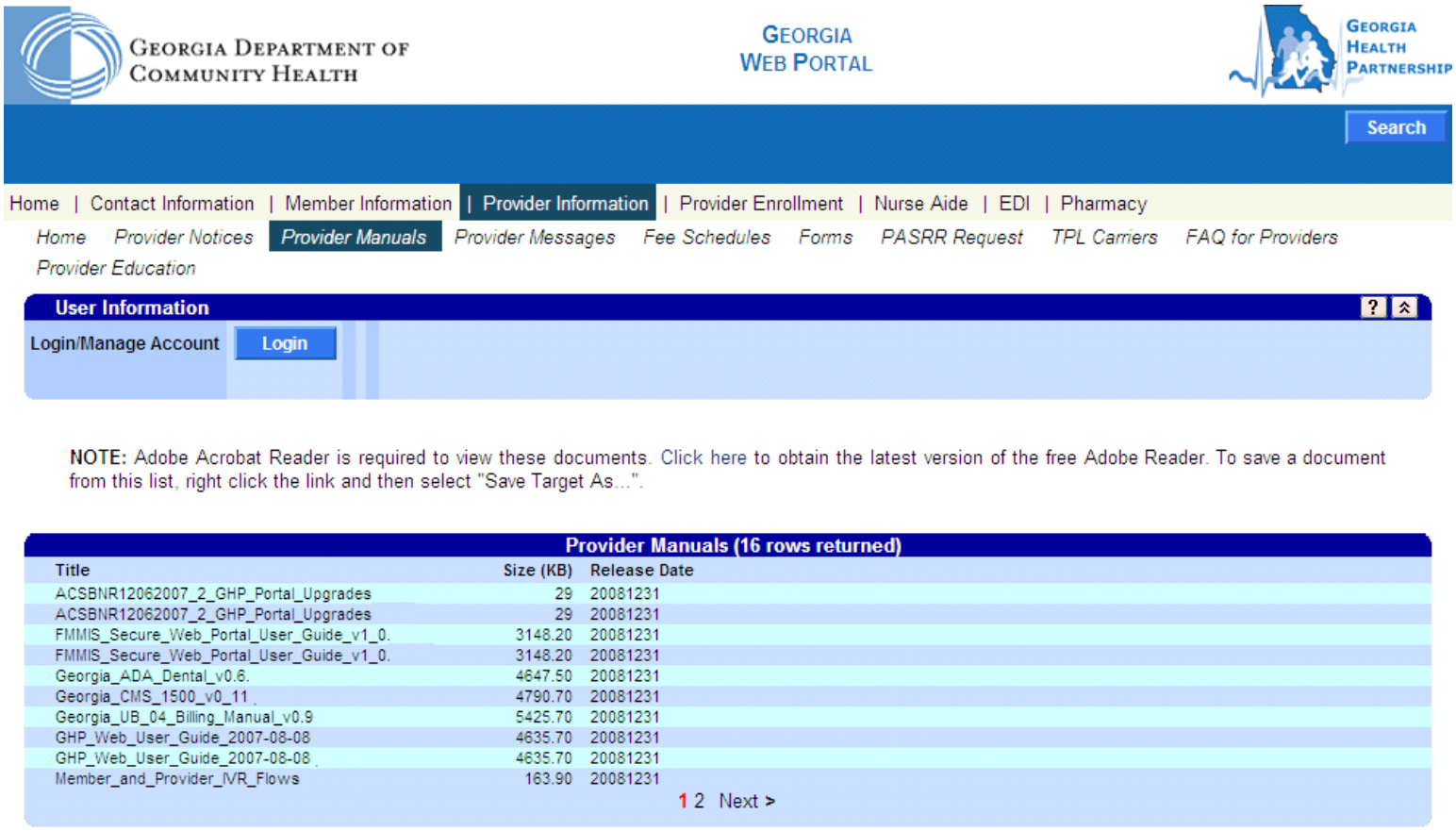
  Criteria:

  If an attachment is not received with the claim when the member has TPL, the claim will deny. If a TPL paid amount is indicated on the claim, the claim will not deny.

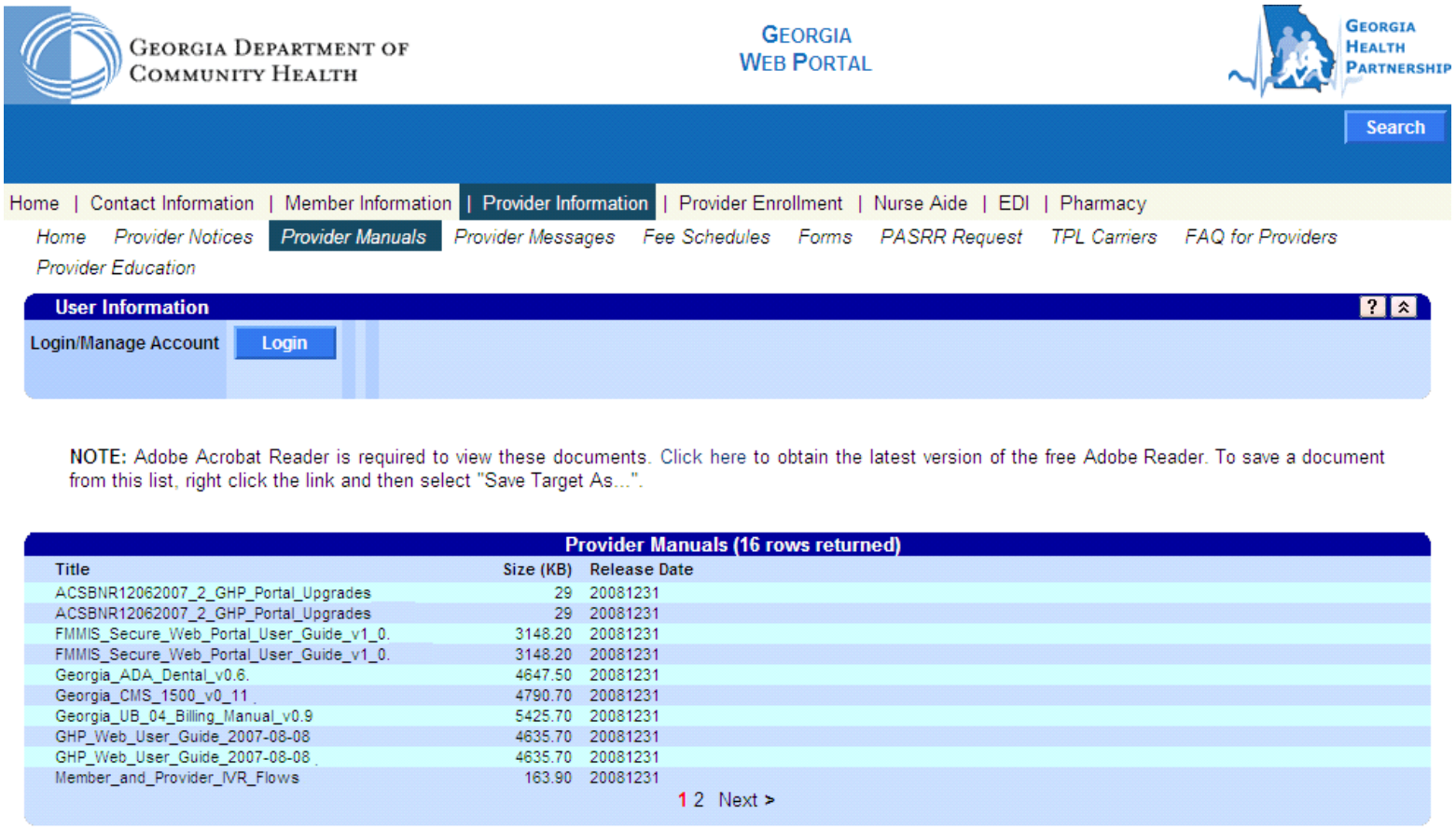
Policy Information

- You can access the most up-to-date TPL policy information in chapter 300 of the Part I Policy and Procedural Manual for Medicaid and PeachCare for Kids or the Medicaid Secondary Claims User Guide.
- Manuals are located under the "Provider Information" tab on the home page of the Web Portal. It is not necessary to login into the secure area of the Web Portal to view this information. Policy information can be found at www.mmis.georgia.gov.

Policy Information
(Continued)



Policy Information
(Continued)



IVRS Overview

1-800-766-4456	
Option 1	Member Eligibility/TPL Information
Option 2	Claims Status
Option 3	Payment Information
Option 4	Provider Enrollment
Option 5	Prior Authorization
Option 6	GAMMIS password reset, Pharmacy Benefits, Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids®, EDI submission or electronic claim submission, or a system overview

Session Review

- You should now be able to:
  - Describe Third Party Liability (TPL) functions
  - Identify general billing information for TPL
  - Review and resolve common problems relating to TPL claim denials
  - Understand TPL reimbursement
  - Identify the correct forms to use for TPL

Third Party Liability (TPL)

Closing and Q & A